

THE TRIPLE P - POSITIVE PARENTING PROGRAM SUBMISSION

SOUTH AUSTRALIAN ROYAL COMMISSION
INTO EARLY CHILDHOOD EDUCATION AND CARE

Triple P International (TPI) welcomes the opportunity to contribute and respond to the South Australia Royal Commission into Early Childhood Education and Care.

We commend South Australia's commitment to extend preschool to three-year-olds from 2026 and the establishment of the Royal Commission 'to undertake a comprehensive inquiry into what can be done to better support families in South Australia so that children are ready for future success'.

While the Terms of Reference for the Commission focus substantially on Early Childhood Education and Care (ECEC), they also require the Commission to examine 'the extent to which South Australian families are supported in the first 1000 days of a child's life' and TPI notes the Commission can 'make any recommendations arising from your inquiry that you consider appropriate'.

TPI considers the Royal Commission a significant opportunity for South Australia to define a vision and comprehensive strategy across the entirety of the early years that can make a substantial and long-lasting difference to the lives of children, families, and the South Australian community as a whole.

The quality of parenting and the parent-child relationship is one of the most significant yet most readily modifiable risk factors that can impact child wellbeing.

Evidence-based parenting programs such as Triple P – Positive Parenting Program should be an important part of a wide-ranging early years system.

We welcome statements in the Interim Report that:

- It is important we keep in mind the broader opportunity to grow an early child development system.
- Investing in and supporting babies and children and their families in the early years is good for them and good for South Australia.
- Parent interactions and parenting style (are among many factors that impact health early child development).

The Introduction to the Interim Report poses the questions 'what works' and 'how can we make things work at scale'.

The Triple P Positive Parenting Program **works and works at scale** and has been shown to do so in countries around the world – as we detail below.

ABOUT TRIPLE P

The Triple P – Positive Parenting Program is one of the most researched and evaluated parenting programs in the world. Triple P has been ranked the world's most extensively researched family skills training program by the United Nations.¹ The World Health Organisation (WHO) identifies Triple P as one of only two parenting programs evidenced to prevent child maltreatment.²

Researched and developed at The University of Queensland, the program has been disseminated around the world for over 40 years and is delivered in more than 30 countries.

There are now more than 400 evaluation papers on Triple P programs, with the vast majority of these demonstrating significant outcomes for children and their parents, including across different cultures, socio-economic groups, and

family structures. The Triple P evidence base includes over 790 studies, published in over 40 countries and involving over 1700 researchers across 539 institutions.

Triple P is a suite of parenting interventions ranging in intensity from parent education, anticipatory guidance, and targeted brief interventions, through to comprehensive clinical interventions for childhood mental health conditions. It also includes adjunct interventions to address adjustment issues of parents. Programs can be delivered one-on-one, in groups, via large seminars, workbook-based programs, or as self-directed online programs.

A multi-level and multi-format approach ensures Triple P is flexible enough to meet the needs of individuals as well as specific communities when offered as a population health approach. Triple P gives parents as much help as they need without over-servicing and encourages self-sufficiency.

Triple P's 'proportionate universalism' approach, rather than 'one size fits all', means there is a level of support for all, but more for those with greatest need.

- Triple P is one of only two programs to be given a 'very high' evidence rating in a recent Australian review by the Centre of Research Excellence in Childhood Adversity and Mental Health. Twenty-six different interventions designed to prevent or reduce the negative effects of Adverse Childhood Experiences (ACEs) were reviewed.³ The two programs chosen were both parenting programs amongst interventions such as community-wide initiatives, home visiting programs, economic and social service interventions, psychological therapies, and, school-based programs³; demonstrating that the quality of parenting a child receives is a critical protective factor for children's mental health and wellbeing.
- The National Children's' Mental Health and Wellbeing Strategy⁴ recognises the "routine offering of evidence-based parenting programs" as a priority action and acknowledges existing Triple P provisions as a service that can be further leveraged to support the Strategy.
- The National Action Plan for Health of Children and Youth 2020-2030⁵ states "families, parents and caregivers are the most powerful influence on a child's life" and "the healthy development of children....is directly related to the nature and quality of parenting".
- The National Review of Mental Health Programs and Services (2014)⁶ recommended universal access to evidence-based self-help and self-monitoring strategies, and further stated that any plans should include guided access to evidence-based online programs such as Triple P.
- The Australian Government is world-leading in providing universal, free access to evidence-based online parenting support programs through the Department of Health and Aged Care's Parenting Education and Support Program (PESP).
- Through PESP, Triple P's online programs have been made freely available to all families with children under 12. These programs include Triple P Online (for parents of children aged 0-12 years), Fear-Less Triple P Online (for parents with children experiencing symptoms of anxiety), and Triple P Online for Baby (expecting and new parents).
- Since the launch of PESP in July 2022, over 100,000 Australian families have accessed Triple P's online parenting support, **including over 5000 families in South Australia.**

SUPPORTING FAMILIES IN THE FIRST 1000 DAYS

The importance of the first 1000 days is now well recognised and understood.

Parents play a key role in nurturing and caring for their child within the first 1000 days,⁷ and are responsible for minimising exposure to stress and supporting the development of emotional and cognitive mechanisms.⁷

Investing in early intervention programs for families during this period has significant benefits for children with flow-on effects right through to adulthood.

To achieve the most benefit, policies, programs and initiatives to improve outcomes within the first 1000 days must provide universal access for parents and carers to evidence-based programs, with targeted and tailored support also available for families with more complex needs.⁸ When this approach is combined with high-quality and complimentary training and education for educators, children benefit.⁹

As identified in the 2016 Child Protection Systems Royal Commission (the Nyland Report),¹⁰ increasing the availability of services alone will not benefit children's lives unless these services are readily accessible and are matched to family needs.

Enhancing a parent's ability to parent confidently and competently benefits each and every child, their families and society overall.

EARLY INTERVENTION AND PREVENTION

The Nyland Report¹⁰ demonstrates that child maltreatment is a leading cause of disease burden in Australia (9th for men; 7th for women).

A 2023 nationally representative Australian study exposed the prevalence of child maltreatment in Australia,¹¹ demonstrating the extent to which child maltreatment represents a major public health challenge.

The study found that 32% of respondents reported experiencing physical abuse throughout childhood, while 28.5% experienced sexual abuse and 30.9% experienced emotional abuse.

These findings demonstrate the high prevalence of child maltreatment across the country and demonstrate the need for public health campaigns supporting the importance of parenting, parenting practices, healthy child development and early childhood education to combat maltreatment.

Such a campaign would help normalise the idea of seeking assistance, raise awareness for parenting support (and where to find it), and destigmatise participation in parenting programs.

Early intervention and prevention programs like Triple P can significantly benefit parents by providing them with the tools to address social, emotional, and behavioural concerns before they become major issues and can thus relieve the upstream load on the broader mental health care system.

The Early Intervention Research Directorate was established by the South Australian Department of Human Services in response to Commissioner Nyland's recommendation¹⁰ to identify effective service models to promote the health, safety and wellbeing of children in South Australia. Early intervention and prevention services funded within this framework should be strongly evidence-based, relevant across cultural contexts, and demonstrate value for money.

EVIDENCE-BASED SUPPORT FOR ALL FAMILIES

Evidence-based practices/programs refers to interventions that have been rigorously evaluated in order to establish effectiveness or impact.¹²

Such programs have a clear structure and are manualised to ensure implementation fidelity.

These programs have clearly identifiable theoretical foundations, are replicable, and demonstrate achievement of outcomes. At the highest level of evidence, these programs have been found efficacious in controlled clinical trials.¹³⁻¹⁵

Overall, an evidence-based program should demonstrate that the intervention results in reliable and clinical outcomes, the mechanisms by which the program promotes positive outcomes and how these reflect the theoretical backing, and, that the program is effective with a range of diverse populations.¹³

Evidence-informed programs are those that draw from relevant research and practice knowledge, but have not been evaluated specifically under rigorous scientific conditions.^{13,14}

The term 'evidence-based' is often used in policy and reform discussion to refer equally to those programs with a strong and extensive evidence-base as well as those with promising findings, and those that are evidence-informed, but not yet demonstrated to produce desired outcomes.¹⁵ However, not all evidence is equal and the distinction between evidence-informed programs and evidence-based programs is important, particularly when finite Government funds are being invested with the aim of achieving positive outcomes. When striving to build parent competencies and change family behaviour and functioning, the return on Government investment will be greatest when funds are directed toward child welfare and family support prevention and intervention programs that are proven to work.^{15,16}

A POPULATION APPROACH

A population approach to public health aims to move the distribution curve of the targeted child outcome or risk factor or protective factor towards healthier levels while reducing the distribution of the targeted problem itself.⁹ This approach emphasises promoting supportive and safe environments for all children, rather than only concentrating availability of services for children deemed at high risk of abuse or neglect.¹⁷

Population-level support in parenting is a necessary but often neglected issue that has the potential to positively influence a number of factors on an individual, family, and community level.¹⁸

On the individual level, population level support in parenting is able to promote optimal development in children, address child psychosocial problems, and reduce child maltreatment.¹⁸

On a familial level, risk factors for maltreatment can be addressed, and positive parenting practices can be introduced.¹⁸

For the community, population level parenting support can reduce any perceived stigma associated with seeking parenting support by starting positive conversations about child development and parenting approaches.¹⁸

Population approaches to parenting interventions can result in significant outcomes for parents, children, and youth. For example, a large scale-controlled evaluation (n=3000) of Triple P conducted in Australia found significant improvements in child emotional difficulties, child problem behaviours, and parental depression.¹⁹

After participating in Triple P, parents showed improvements in:

- Parental mental well-being²⁰
- Parental depression, anxiety and stress²¹⁻²⁴
- Relationship quality^{21,25-27}
- Parental self-efficacy^{21,28-32}

Triple P also leads to reductions in negative parental outcomes such:

- as dysfunctional parenting practices^{20,21,23,33} and
- inter-parental conflict (reduction in parental conflict).^{21,25,34-37}

Child outcomes from Triple P studies include:

- Fewer behavioural^{20,21} and emotional problems¹⁹⁻²¹, including conduct problems, emotional symptoms, and hyperactivity^{20,21}
- Fewer peer problems²¹
- Higher prosocial behaviour.²¹

A population health study funded by the United States Centres for Disease Control and Prevention found populations that implemented universal parenting support (Triple P) reported:

- 22% lower rates of child maltreatment than comparison populations,
- 16% lower rates of out-of-home placements (than comparison), and
- 17% lower rates of child maltreatment injuries (than comparison).³⁸

COST-EFFECTIVENESS OF A POPULATION APPROACH

Over the past ten years, there have been several large-scale population studies that have investigated the impact of universal parenting support on both individuals and the community.

These studies have indicated that a relatively small increase in parental exposure to a Triple P's evidence-based parenting intervention is associated with a significant improvement in child and parent outcomes.^{20,39-42}

Economic studies have found that evidence-based parenting supports also result in reduced downstream costs,⁴³⁻⁴⁵ and is cost effective in multiple contexts, including:

- In Australia, based on a four year implementation, Triple P has been shown to result in a return on investment of 1,283% equating to nearly \$14 for every \$1 spent and \$68.1 million per year in benefits⁴³
- The British Medical Association and Public Health England recognise Triple P has a £5.05 return for every £1 spent⁴⁶
- The Canadian Institute of Health Economics⁴⁷ modelling found a 6.5% reduction in adverse events across the justice, mental health, special education and social services systems would result in a positive return on investment. Evidence shows that the actual return greatly exceeds 6%⁴⁷

- In the United States, the Washington State Institute for Public Policy reported a US\$7.78 return on investment for every \$1 spent on Triple P⁴³

Triple P's suite of programs are effective at achieving population-wide change, including significant reductions in rates of child maltreatment (23.5%), out-of-home placements (9.1%)⁴⁸, and child maltreatment injuries (10.5%).⁴⁹

FAMILIES AND EARLY CHILDHOOD EDUCATION AND CARE

Families need access to nurturing environments that cultivate prosocial behaviour and self-regulatory competencies, and that minimise exposure to both physical and/or psycho-social harm.

Early childhood teachers, educators and centre directors play a critical role in childhood development and are committed to providing the best possible opportunities to prepare children for success in school and life.

Participation in high-quality early childhood education and care (ECEC), characterised by responsive and attentive educators and stimulating play and learning experiences, has consistently been linked to long-term gains in children's cognitive and socio-emotional development.^{50,51}

Importantly, when educators have the skills and confidence to provide such high-quality environments, they are well-placed to buffer the effects of social disadvantage and detrimental early family experiences.⁵¹

Empowering educators to engage with children in a positive and supportive way would not only encourage children to reach their potential, but also provide a common language between educators, their colleagues, and parents, harmonising the home and early learning environment.

EVIDENCE-BASED PROGRAMS FOR EARLY CHILDHOOD EDUCATION AND CARE WORKFORCE

Access to high quality, evidence-based programs can enhance and support the development of educator knowledge, confidence and skills.

Educators benefit from tools and strategies that assist them to provide responsive care and enrich learning opportunities, to promote children's social and emotional skills, and help children to develop a positive approach to learning.

The ECEC workforce is diverse, and any professional development should offer solutions that can be tailored to specific needs of a community, with flexible options for learning.

Support for the ECEC sector can be provided through programs such as *the Positive Early Childhood Education (PECE) Program*, a professional learning program designed to cultivate early childhood educators' knowledge, confidence, and skills.

Through programs such as this, educators can be supported to develop skills and learn strategies that will work for them, focusing on the issues they are concerned with in their setting, self-identifying strengths and areas for improvement, problem solving, and setting goals for the future.

Early childhood teachers and educators with greater self-regulatory capacity are more likely to use evidence-based practices, maintain this over time, and are more likely to see improved outcomes with children and families.⁵²

Developed by the authors of the Triple P, the PECE Program seeks to enhance the skills of early childhood educators, with tools to have a positive impact on the development of children in their care. This ultimately promotes children's academic development, social competence and self-control, and enhances educator/child relationships as well as communication with colleagues and parents.

Children benefit from consistent approaches from both educators and parents. Educators and families can work in partnership to prepare children for future success.

Implementation of the PECE program in South Australia would provide educators with universal access to the proven strategies to complement those in the Triple P system now universally available to parents. By leveraging the Australian Government's investment in parenting education and support, the South Australian Government could rapidly build a common language between educators, their colleagues, and parents, and positively align the home and early learning environment.

CONCLUSION - A BRIGHTER TOMORROW FOR SOUTH AUSTRALIAN FAMILIES

Parents/carers are the first 'teachers' of a child.

Supporting parents and families is the starting point for any high quality and effective early years system.

The quality of parenting and the parent-child relationship is one of the most significant yet most readily modifiable risk factors that can impact child wellbeing.

Many studies – including the 2020 Productivity Commission Mental Health Inquiry Report and Triple P's research in various countries, have shown that the first port of call for parents in seeking help are online resources.

The Australian Government has made the online Triple P - Positive Parenting Programs freely available to all Australian parents with children aged up to 12 years.

The South Australian Government could use its health, education and family systems and their multiple referral and promotional pathways to make families in South Australia aware of these evidence-based parenting programs.

The national take-up of Triple P's online programs in a ten-month period by more than 100,000 Australian families shows that they are eager to avail themselves of parenting support.

Leveraging the Australian Government's investment in families, a modest investment in SA's ECEC workforce would **rapidly build** a common language between educators and parents, positively align the home and early learning environment, and provide optimal conditions for every South Australian child to thrive in their early years.



REFERENCES

- ¹ United Nations Office on Drugs and Crime. (2009). *Compilation of evidence-based family skills training programmes*. <https://www.unodc.org/documents/prevention/family-compilation.pdf>
- ² World Health Organisation. (2013). *Preventing violence: evaluating outcomes of parenting programmes*. <https://www.who.int/publications/i/item/preventing-violence-evaluating-outcomes-of-parenting-programmes>
- ³ Sahle, B. W., Reavley, N., Morgan, A. J., Yap, M. B. H., Reupert, A., Loftus, H., & Jorm, A. (2020). *Communication brief: Summary of interventions to prevent adverse childhood experiences and reduce their negative impact on mental health: An evidence based review*.
- ⁴ Australian Government National Mental Health Commission. (2022). *The national children's mental health and wellbeing strategy*. <https://www.mentalhealthcommission.gov.au/getmedia/5b7112be-6402-4b23-919d-8fb9b6027506/National-Children%E2%80%99s-Mental-Health-and-Wellbeing-Strategy-%E2%80%93-Report>
- ⁵ Australian Government. (2019). *National action plan for the health of children and young people 2020–2030*. <https://www.health.gov.au/sites/default/files/documents/2021/04/national-action-plan-for-the-health-of-children-and-young-people-2020-2030-national-action-plan-for-the-health-of-children-and-young-people-2020-2030.pdf>
- ⁶ Australian Government National Mental Health Commission. (2014). *National Review of Mental Health Programmes and Services*. <https://www.mentalhealthcommission.gov.au/getmedia/b51d09c5-c7d9-405a-b9eb-911b2b5ca9a6/Monitoring/Vol-1.pdf>
- ⁷ Goldschmidt, T., Adebisi, B. O., & Roman, N. V. (2021). Developing a logic model of change for the determinants of parental nurturance in the first 1000 days: A mixed-method study protocol. *PLoS One*, 16(10), e0258764. <https://doi.org/10.1371/journal.pone.0258764>
- ⁸ Strong Foundations collaboration. (2019). *The first thousand days: A case for investment*. Australian Research Alliance for Children and Youth.
- ⁹ Sanders, M. R., & Prinz, R. (2017). Emergence of a population approach to evidence-based parenting support. In *The Power of Positive Parenting: Transforming the lives of children, parents, and communities using the Triple P System* (1 edition. ed., pp. 32-62). Oxford University Press. <https://doi.org/10.1093/med-psych/9780190629069.001.0001>
- ¹⁰ Nyland, M. (2016). *The life they deserve: Child Protection Systems Royal Commission Report* (Child Protection Systems Royal Commission, Issue. C. P. S. R. Commission).
- ¹¹ Mathews, B., Pacella, R., Scott, J. G., Finkelhor, D., Meinck, F., Higgins, D. J., Erskine, H. E., Thomas, H. J., Lawrence, D. M., Haslam, D. M., Malacova, E., & Dunne, M. P. (2023). The prevalence of child maltreatment in Australia: Findings from a national survey [<https://doi.org/10.5694/mja2.51873>]. *Medical Journal of Australia*, 218(S6), S13-S18. <https://doi.org/https://doi.org/10.5694/mja2.51873>
- ¹² Australian Institute of Family Studies. (2013). *Evidence-based practice and service-based evaluation*. Retrieved 17 May 2023 from <https://aifs.gov.au/resources/practice-guides/evidence-based-practice-and-service-based-evaluation>
- ¹³ Sexton, T., Gordon, K. C., Gurman, A., Lebow, J., Holtzworth-Munroe, A., & Johnson, S. (2011). Guidelines for classifying evidence-based treatments in couple and family therapy. *Family Process*, 50(3), 377-392. <https://doi.org/10.1111/j.1545-5300.2011.01363.x>
- ¹⁴ Children's Bureau (HHS), C. W. I. G., FRIENDS National Resource Center for Community-Based Child Abuse Prevention, & Center for the Study of Social Policy-Strengthening Families. (2011). *Strengthening Families and Communities: 2011 Resource Guide*. www.childwelfare.gov/pubs/guide2011/guide.pdf#page=17.
- ¹⁵ Washington State Institute for Public Policy. (2008). *Evidence-Based Programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington*. https://www.wsipp.wa.gov/ReportFile/1020/Wsipp_Evidence-Based-Programs-to-Prevent-Children-from-Entering-and-Remaining-in-the-Child-Welfare-System-Benefits-and-Costs-for-Washington_Report.pdf
- ¹⁶ Moore, T., Beatson, R., Rushton, S., Powers, R., Deery, A., Arefadib, N., & West, S. (2016). *Supporting the roadmap for reform: Evidence-informed practice*. The Royal Children's Hospital Melbourne; Murdoch Childrens Research Institute. <https://www.dffh.vic.gov.au/sites/default/files/documents/202109/MCRI-Evidence-informed-practice-report.pdf>
- ¹⁷ Sanders, M., Higgins, D., & Prinz, R. (2018). *A population approach to the prevention of child maltreatment*. https://aifs.gov.au/sites/default/files/8_a_population_approach_to_the_prevention_of_child_maltreatment_0.pdf
- ¹⁸ Shapiro, C. J., Prinz, R. J., & Sanders, M. R. (2007). Population-wide parenting intervention training: Initial feasibility. *Journal of Child and Family Studies*, 17(4), 457-466. <https://doi.org/10.1007/s10826-007-9167-9>

- ¹⁹ Sanders, M. R., Ralph, A., Sofronoff, K., Gardiner, P., Thompson, R., Dwyer, S., & Bidwell, K. (2008). Every family: A population approach to reducing behavioral and emotional problems in children making the transition to school. *Journal of Primary Prevention*, 29(3), 197-222. <https://doi.org/10.1007/s10935-008-0139-7>
- ²⁰ Lindsay, G., & Strand, S. (2013). Evaluation of the national roll-out of parenting programmes across England: The parenting early intervention programme (PEIP). *BMC Public Health*, 13(1), 1-17. <https://doi.org/10.1186/1471-2458-13-972>
- ²¹ Fives, A., Pursell, L., Heary, C., Gabhainn, N., & Canavan, J. (2014). *Parenting support for every parent: A population-level evaluation of Triple P in Longford Westmeath. Final Report.* (Longford Westmeath Parenting Partnership (LWPP), Issue. https://www.researchgate.net/publication/283903988_Parenting_support_for_every_parent_A_population-level_evaluation_of_Triple_P_in_Longford_Westmeath_Final_Report
- ²² Tahazade, S., Mohammadzadeh, S., Yousefi, F., Hamidi, S., & Talebi Azar, N. (2020). Effectiveness of positive parenting program on improving children's behavior problems. *International Journal of Health and Life Sciences*, 6(2). <https://doi.org/10.5812/ijhls.102570>
- ²³ Fawley-King, K., Trask, E., E. Calderón, N., A. Aarons, G., & F. Garland, A. (2014). Implementation of an evidence-based parenting programme with a Latina population: Feasibility and preliminary outcomes. *Journal of Children's Services*, 9(4), 295-306. <https://doi.org/10.1108/JCS-04-2014-0024>
- ²⁴ Abate, A., Marek, R. J., Venta, A., Taylor, L., & Velez, L. (2020). The effectiveness of a home-based delivery of Triple P in high-risk families in rural areas. *Journal of Child and Family Studies*, 20(4), 997-1007. <https://doi.org/10.1007/s10826-019-01684-2>
- ²⁵ Keown, L. J., Sanders, M. R., Franke, N., & Shepherd, M. (2018). Te Whānau Pou Toru: A randomized controlled trial (RCT) of a culturally adapted low-intensity variant of the Triple P - Positive Parenting Program for indigenous Maori families in New Zealand. *Prevention Science*, 19(7), 954-965. <https://doi.org/10.1007/s1121-018-0886-5>
- ²⁶ Morawska, A., & Sanders, M. (2009). An evaluation of a behavioural parenting intervention for parents of gifted children. *Behaviour Research and Therapy*, 47(6), 463-470. <https://doi.org/10.1016/j.brat.2009.02.008>
- ²⁷ Tellegen, C. L., & Sanders, M. R. (2014). A randomized controlled trial evaluating a brief parenting program with children with autism spectrum disorders. *Journal of Consulting and Clinical Psychology*, 82(6), 1193-1200. <https://doi.org/10.1037/a0037246>
- ²⁸ Dittman, C. K., Farruggia, S. P., Palmer, M. L., Sanders, M. R., & Keown, L. J. (2014). Predicting success in an online parenting intervention: The role of child, parent, and family factors. *Journal of Family Psychology*, 28(2), 236-243. <https://doi.org/10.1037/a0035991>
- ²⁹ Hodgetts, S., Savage, A., & McConnell, D. (2013). Experience and outcomes of Stepping Stones Triple P for families of children with autism. *Research in Developmental Disabilities*, 34(9), 2572-2585. <https://doi.org/10.1016/j.ridd.2013.05.005>
- ³⁰ Au, A., Lau, K. M., Wong, A. H. C., Lam, C., Leung, C., Lau, J., & Lee, Y. K. (2014). The efficacy of a Group Triple P (Positive Parenting Program) for Chinese parents with a child diagnosed with ADHD in Hong Kong: A pilot randomised controlled study. *Australian Psychologist*, 49(3), 151-162. <https://doi.org/10.1111/ap.12053>
- ³¹ Aery, A., Hodges, J., & Day, J. (2018). The effect of school-based Stepping Stones Triple P on child and parent outcomes. *Advances in Social Science, Education and Humanities Research*. <https://doi.org/10.2991/uipsur-17.2018.50>
- ³² Nogueira, S., Abreu-Lima, I., Canário, C., & Cruz, O. (2021). Group Triple P – A randomized controlled trial with low-income mothers. *Children and Youth Services Review*, 121. <https://doi.org/10.1016/j.childyouth.2020.105862>
- ³³ Brown, F. L., Whittingham, K., Boyd, R. N., McKinlay, L., & Sofronoff, K. (2014). Improving child and parenting outcomes following paediatric acquired brain injury: a randomised controlled trial of Stepping Stones Triple P plus Acceptance and Commitment Therapy. *J Child Psychol Psychiatr*, 55(10), 1172-1183. <https://doi.org/10.1111/jcpp.12227>
- ³⁴ Lee, Y., Keown, L. J., & Sanders, M. R. (2022). The effectiveness of the Stepping Stones Triple P seminars for Korean families of a child with a developmental disability. *Heliyon*, 8(6), e09686. <https://doi.org/10.1016/j.heliyon.2022.e09686>
- ³⁵ Arkan, B., Vural, A. P., Eray, Ş., & Eren, E. (2020). The efficiency of the Triple P Program for Parents of children with Type-1 diabetes. *The Journal of Pediatric Research*, 7(4), 349-357. <https://doi.org/10.4274/jpr.galenos.2020.48991>
- ³⁶ Reese, R. J., Slone, N. C., Soares, N., & Sprang, R. (2015). Using telepsychology to provide a group parenting program: A preliminary evaluation of effectiveness. *Psychological Services*, 12(3), 274-282. <https://doi.org/10.1037/ser0000018>

- ³⁷ Sanders, M. R., Dittman, C. K., Farruggia, S. P., & Keown, L. J. (2014). A comparison of online versus workbook delivery of a self-help Positive Parenting Program. *The Journal of Primary Prevention*, 35(3), 125--133. <https://link.springer.com/article/10.1007/s10935-014-0339-2>
- ³⁸ Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P System population trial. *Prevention Science*, 10(1), 1-12. <https://doi.org/10.1007/s11121-009-0123-3>
- ³⁹ Lindsay, G., Strand, S., & Davis, H. (2011). A comparison of the effectiveness of three parenting programmes in improving parenting skills, parent mental-well being and children's behaviour when implemented on a large scale in community settings in 18 English local authorities: The Parenting Early Intervention Pathfinder (PEIP). *BMC Public Health*, 11(1), 962-962.
- ⁴⁰ Saunders, R., Brack, M., Renz, B., Thomson, J., & Pilling, S. (2020). An evaluation of parent training interventions in Scotland: the Psychology of Parenting Project (PoPP). *Journal of Child and Family Studies*, 29(12), 3369-3380. <https://doi.org/10.1007/s10826-020-01817-y>
- ⁴¹ Frantz, I., Stemmler, M., Hahlweg, K., Plücker, J., & Heinrichs, N. (2015). Experiences in disseminating evidence-based prevention programs in a real-world setting. *Prevention Science*, 16(6), 789-800. <https://doi.org/10.1007/s11121-015-0554-y>
- ⁴² Glazemakers, I. (2012). *A population health approach to parenting support: Disseminating the Triple P-Positive Parenting Program in the Province of Antwerp* [ProQuest Dissertations Publishing].
- ⁴³ Access Economics Pty Limited. (2010). *Positive family functioning*. https://www.dss.gov.au/sites/default/files/documents/positive_family_functioning.pdf
- ⁴⁴ Sampaio, F., Barendregt, J. J., Feldman, I., Lee, Y. Y., Sawyer, M. G., Dadds, M. R., Scott, J. G., & Mihalopoulos, C. (2018). Population cost-effectiveness of the Triple P parenting programme for the treatment of conduct disorder: an economic modelling study. *European Child and Adolescent Psychiatry*, 27(7), 933-944. <https://doi.org/10.1007/s00787-017-1100-1>
- ⁴⁵ Mihalopoulos, C., Sanders, M. R., Turner, K. M. T., Murphy-Brennan, M., & Carter, R. (2007). Does the Triple P - Positive Parenting Program provide value for money? *Australasian Psychiatry: Bulletin of the Royal Australian and New Zealand College of Psychiatrists*, 41(3), 239--246.
- ⁴⁶ British Medical Association. (2017). *Exploring the cost effectiveness of early intervention and prevention*.
- ⁴⁷ Escobar, C. D., Jacobs, P., & Dewa, C. (2012). *Return on investment for mental health promotion: Parenting programs and early childhood development*. Edmonton Institute of Health Economics.
- ⁴⁸ Prinz, R. J. (2017). Assessing child maltreatment prevention via administrative data systems: A case example of reproducibility. *Child Abuse and Neglect*, 64, 13-18. <https://doi.org/https://doi.org/10.1016/j.chiabu.2016.12.005>
- ⁴⁹ Prinz, R. J. (2016). Parenting and family support within a broad child abuse prevention strategy: Child maltreatment prevention can benefit from public health strategies. *Child Abuse and Neglect*, 51, 400-406. <https://doi.org/10.1016/j.chiabu.2015.10.015>
- ⁵⁰ Gialamas, A., Sawyer, A. C. P., Mittinty, M. N., Zubrick, S. R., Sawyer, M. G., & Lynch, J. (2014). Quality of childcare influences children's attentiveness and emotional regulation at school entry. *The Journal of Pediatrics*, 165(4), 813-819. <https://doi.org/10.1016/j.jpeds.2014.06.011>
- ⁵¹ Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., & Yazejian, N. (2001). The relation of preschool child-care quality to children's cognitive and social developmental trajectories through second grade. *Child Development*, 72(5), 1534-1553. <https://doi.org/10.1111/1467-8624.00364>
- ⁵² Mazzucchelli, T. G., & Ralph, A. (2019). Self-regulation approach to training child and family practitioners. *Clinical Child and Family Psychology Review*, 22(1), 129-145. <https://doi.org/10.1007/s10567-019-00284-2>